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Bib Data Sheet

CONFIRMATION NO. 1896

SERIAL NUMBER 09/818,170	FILING DATE 03/27/2001 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 34647-00431USPT
APPLICANTS Mats Soderlind, Stockholm, SWEDEN; Jonas Hermansson, Uppsala, SWEDEN;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/250,737 12/01/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/01/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 4	TOTAL CLAIMS 20
				INDEPENDENT CLAIMS 3
ADDRESS Brian D. Walker Jenkins & Gilchrist, P.C. 3200 Fountain Place 1445 Ross Avenue Dallas, TX 75202-2799				
TITLE Electronic commerce system				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 1896

SERIAL NUMBER 09/818,170	FILING OR 371(c) DATE 03/27/2001 RULE	CLASS 705	GROUP ART UNIT 3625	ATTORNEY DOCKET NO. 34647-00431USPT
APPLICANTS Mats Soderlind, Stockholm, SWEDEN; Jonas Hermansson, Uppsala, SWEDEN;				
** CONTINUING DATA ***** This appln claims benefit of 60/250,737 12/01/2000				
** FOREIGN APPLICATIONS ***** <i>VERIFIED M</i> <i>NONE MC</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/01/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 4	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 3				
ADDRESS 27045				
TITLE Electronic commerce system				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	